	/			*			
				Application	n or D	ocket Num	nber
	ICATION FEE DET Effective November	ERMINATION RECO 10, 1998	RD	40	د.	758	
, CLA	AIMS AS FILED - PA (Column 1)	ART I (Column 2)	SMA TYP	LL ENTITY	OR	OTHER	
FOR	NUMBER FILED	NUMBER EXTRA	RAT	E FEE	7	RATE	FEE
BASIC FEE		Same in the contract of		380.00	OR	X	760.00
TOTAL CLAIMS	43 minus 20=	* 23	X\$ 9	=	OR	X\$18=	41
INDEPENDENT CLAIMS	minus 3 =	* >	X39	=	OR	X78=	24
MULTIPLE DEPENDENT	CLAIM PRESENT		+130	=	OR	+260=	Ad

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS	i AS	AMEN	DED -	PART II
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		(Column 1)		(Column 2)	(Column 3)	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
AMENDME	Total	· 37	Minus	** 43	= 0	
ME	Independent	* 5	Minus	*** 5	= ()	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

		(Column 1)		(Column 2)	(Column 3)		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
MON	Total	* HO	Minus	** 43	=0		
ME	Independent	* 5	Minus	*** 5	= 0		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

		(Column 1)		(Column 2)	(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Š	Total	. 41	Minus	** 43	=		
ME	Independent	-15	Minus	****	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

OR ADDIT FEE ADDI-ADDI-**TIONAL TIONAL** RATE -**RATE FEE** FEE X\$ 9= X\$18= OR X39= X78= OR +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

FEE FEE **X\$**18= X\$ 9= OR X39= X78= OR +260= +1305 OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE ADDI-ADDI-TIONAL TIONAL **RATE** RATE FEE FEE

OR

OR

OR

OR

RATE

X\$18=

X78=

+260=

TOTAL

OTHER THAN SMALL ENTITY

ADDI-

TIONAL

OR TOTAL

TOTAL

RATE

X\$ 9=

X39=

+130=

ADDIT. FEE

TOTAL

SMALL ENTITY

ADDI-

TIONAL

FEE 760.00

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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	PATENT			DETERMINA ober 1, 2000	TION RECO	ORD	O		Docket Nu	mber ZZ
				nn 1) (Co	lumn 2)	SMALL	ENTITY	OF	OTHE	R THAN
7	OTAL CLAIM	S				RATE	FEE	_	RATE	FEE
F	OR		NUMBE	R FILED NUM	MBER EXTRA	BASIC F		-1	BASIC FEE	
T	OTAL CHARGI	EABLE CLAIMS	42	ninus 20= *	1	X\$ 9=				10
IN	DEPENDENT	CLAIMS		ninus 3 =				OF	X\$18=	10
M	ULTIPLE DEP	ENDENT CLAIM				X40=		OR	X80=	
-		1				+135=		OR	+270=	-
	t the differenc	e in column 1 i	is less than	zero, enter "0" in	column 2	TOTAL		OR	TOTAL	i.
		CLAIMS AS							OTHER	THAN
		(Column 1)	3 400	(Column 2)	(Column 3)	SMALI	LENTITY	OR		
AMENDMENT A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT	RATE	ADDI- TIONAI		DATE	ADDI-
Ž		AMENDMENT		PAID FOR	EXTRA	HATE	FEE		RATE	TIONAL
S	Total	*	Minus	**. 5,	=	X\$ 9=		OR	X\$18=	
Ž	Independent		Minus	***	=	X40=	1		X80=	
-	FIRST PRES	ENTATION OF N	MULTIPLE DE	PENDENT CLAIN	1		-	OR		`.
	-		***			+135=		OR	+270=	
		10				TOTAI ADDIT. FEE		OR	TOTAL ADDIT. FEE	
`		(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)					
	;	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		X\$ 9=	FEE	11	V#10	FEE
	Independent	*	Minus	***	=	<u> </u>	 	OR	X\$18≃	
•	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		X40=		OR	X80=	
		The second secon				+135=		OR	+270=	
	Martice entre en la companya de la c	A second	A STATE OF THE STA	ing and the second	n en groot Stro	ADDIT. FEE		OR	TOTAL ADDIT, FEE	one estable
1		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	1		_		
1		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Į	Total	*	Minus	**	=	X\$ 9=	FEE	 	V040	FEE
		*	Minus	***	=			OR	X\$18=	
	Independent			<u> </u>		X40=		OR	X80=	
		NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM						
If	FIRST PRESE	nn 1 is less than th	ne entry in colu	mn 2, write "0" in colo	umn 3	+135=		OR	+270=	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 420758	
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FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

		I OTAL L'EE	Calculati	оц		
	Fee Code	Total # Claims	Number Extra	X Fee	Fec =	Total
	Sm./Lg.	•		Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	`				260
Total Claims >20	203/103	<u>48</u> -20 =	23 x		18	414
Independent Claims >3	202/102	<u></u> .j =	<u> 2</u> x		78 =	<u>1</u>
Mult. Dep Claim Present	204/104				do:	20
Surcharge	205/105	•			. 30	<u> 25</u>
English Translation	139		-			***************************************
TOTAL FEE CALCULA	ATION	•				1020
Fees due upon filing t	he application:	·		•		
Total Filing Fees Due	= \$ <u>/</u>	200.0	26_		•	
Less Filing Fees Subn	nitted - \$					
BALANCE DUE	= \$ <u>/</u>	1 2 6.0	O	٠		
Office of Living						
Office of Initial Patent	Examination					
FORM OURS BALL ST		Fig	ture 7			